

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09 911.718

APPLICATION AS FILED - PART I

(Column 1).

(Column 2)

.SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.18(a), (b), or (c))		
SEARCH FEE (37 CFR 1.18(d), (f), or (m))		
EXAMINATION FEE (37 CFR 1.18(e), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.18(j))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.18(h))	minus 3 =	*
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))		

RATE (\$)		FEE (\$)	
X	=		
X	=		
TOTAL			

RATE (\$)	FEE (\$)
X	
X	
TOTAL	

* If the difference in column 1 is less than zero, enter '0' in column 2.

APPLICATION AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT #	CLAIMS REPAIRING AFTER AME #	AMOUNT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.160)		Minus	** J6
Independent (37 CFR 1.160)		Minus	** J	=
Application Size Fee (37 CFR 1.16(s))				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)				

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
X	
X	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	
x 200 =	
TOTAL ADDFEE	

9-6-06

(Column 1)

(Column 2)

(Column 3)

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		REM. AMEN. IG AMEN. JT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.160))	36	Minus ** 36	=
	Independent (37 CFR 1.160))	2	Minus *** 3	=
Application Size (s)				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160))				

RATE (\$)		ADDITIONAL FEE (\$)
X	=	
X	=	
TOTAL ADD'L FEE		

	RATE (\$)	ADDITIONAL FEE (\$)
OR	x 50 =	
OR	x 200 =	
OR		
OR	TOTAL ADDITIONAL FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "highest" number is in column 2, write "1" in column 3.

*** If the "Highest Number of Months Paid For" IN THIS SPACE is less than 20, enter "20"

Pay Paid For IN THIS SPACE is less than 3, order "3"

7. Paid For (Total or Independent) Is the highest number found in the appropriate box in column 1.

Patent Fee (Total or Independent) is the highest number found in the appropriate box in column 1.

Need assistance in completing the form, call 1-800-451-7000 and select option 2.